

EXHIBIT

A

KM101M02

KMHQ1 P01

Page 01

OFFENDER BASED INFORMATION SYSTEM

MOVEMENT HISTORY of K66652 - BERRINGER, ANTHONY, SCOTT

11/08/2005

12:19 PM

Report Date: 10/18/2005

| | | | |
|------------|--------------|------------------------------------------------|-----------------|
| 10/18/2005 | TRANSFERRED | TO SVSP DMH ENROUTE TO COR F/PSYCH & RYN | FROM COR |
| 10/12/2005 | CHANGED UNIT | NEW UNIT: SHU | OLD UNIT: IHOSP |
| 10/11/2005 | CHANGED UNIT | NEW UNIT: IHOSP | OLD UNIT: SHU |
| 09/27/2005 | CHANGED UNIT | NEW UNIT: SHU | OLD UNIT: IHOSP |
| 09/24/2005 | CHANGED UNIT | NEW UNIT: IHOSP | OLD UNIT: SHU |
| 09/24/2005 | CHANGED UNIT | NEW UNIT: SHU | OLD UNIT: IHOSP |
| 09/24/2005 | CHANGED UNIT | NEW UNIT: IHOSP | OLD UNIT: SHU |
| 09/24/2005 | CHANGED UNIT | NEW UNIT: SHU | OLD UNIT: IHOSP |

Enter--PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
Next Select Quit

KMHQ1P01: The most recent movement is listed first.

EXHIBIT B

Department of Mental Health

[illegible]

INTERDISCIPLINARY NOTES

MH 5524 (11/00)

Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5329 & 4514

100-443887-1

Page No. _____

EXHIBIT C

INSTRUCT: Initial and sign once each page. Use legend on back of form for abbreviations.

10:50:22 02/25/05

PAGE: 1

| Start | Stop | Medication and Treatment | Hour |
|-------|------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| 0204 | 0505 | DOUCASATE SODIUM 250 MG CAPSULE ORAL PO QD ***DO NOT CRUSH** D/C: (1-P20) | 0800 1000 1200 1400 1600 1800 2000 2200 2400 0100 0300 0500 0700 0900 1100 1300 1500 1700 1900 2100 2300 2500 2700 2900 3100 3300 3500 3700 3900 4100 4300 4500 4700 4900 5100 5300 5500 5700 5900 6100 6300 6500 6700 6900 7100 7300 7500 7700 7900 8100 8300 8500 8700 8900 9100 9300 9500 9700 9900 10100 10300 10500 10700 10900 11100 11300 11500 11700 11900 12100 12300 12500 12700 12900 13100 13300 13500 13700 13900 14100 14300 14500 14700 14900 15100 15300 15500 15700 15900 16100 16300 16500 16700 16900 17100 17300 17500 17700 17900 18100 18300 18500 18700 18900 19100 19300 19500 19700 19900 20100 20300 20500 20700 20900 21100 21300 21500 21700 21900 22100 22300 22500 22700 22900 23100 23300 23500 23700 23900 24100 24300 24500 24700 24900 25100 25300 25500 25700 25900 26100 26300 26500 26700 26900 27100 27300 27500 27700 27900 28100 28300 28500 28700 28900 29100 29300 29500 29700 29900 30100 30300 30500 30700 30900 31100 31300 31500 31700 31900 32100 32300 32500 32700 32900 33100 33300 33500 33700 33900 34100 34300 34500 34700 34900 35100 35300 35500 35700 35900 36100 36300 36500 36700 36900 37100 37300 37500 37700 37900 38100 38300 38500 38700 38900 39100 39300 39500 39700 39900 40100 40300 40500 40700 40900 41100 41300 41500 41700 41900 42100 42300 42500 42700 42900 43100 43300 43500 43700 43900 44100 44300 44500 44700 44900 45100 45300 45500 45700 45900 46100 46300 46500 46700 46900 47100 47300 47500 47700 47900 48100 48300 48500 48700 48900 49100 49300 49500 49700 49900 50100 50300 50500 50700 50900 51100 51300 51500 51700 51900 52100 52300 52500 52700 52900 53100 53300 53500 53700 53900 54100 54300 54500 54700 54900 55100 55300 55500 55700 55900 56100 56300 56500 56700 56900 57100 57300 57500 57700 57900 58100 58300 58500 58700 58900 59100 59300 59500 59700 59900 60100 60300 60500 60700 60900 61100 61300 61500 61700 61900 62100 62300 62500 62700 62900 63100 63300 63500 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297500 297700 297900 298100 298300 298500 298700 298900 299100 299300 299500 299700 299900 300100 300300 300500 300700 300900 301100 301300 301500 301700 301900 302100 302300 302500 302700 302900 303100 303300 303500 303700 303900 304100 304300 304500 304700 304900 305100 305300 305500 305700 305900 306100 306300 306500 306700 306900 307100 307300 307500 307700 307900 308100 308300 308500 308700 308900 309100 309300 309500 309700 309900 310100 310300 310500 310700 310900 311100 311300 311500 311700 311900 312100 312300 312500 312700 312900 313 |

INJECTION SITE NUMBER

Legend Site Codes:

1. Lt. Upper Outer Quadrant Gluteus
2. Rt. Upper Outer Quadrant Gluteus
3. Lt. Deltoid
4. Rt. Deltoid
5. Lt. Anterior Thigh
6. Rt. Anterior Thigh
7. Lt. Deltoid Subcutaneous
8. Rt. Deltoid Subcutaneous

LEGEND

Reason for not Administering Medication Treatment
 - = Withheld and justify on back of sheet or IDN
 O = Withheld and justify on back of sheet or IDN

R = Released
 S = School

| DATE | HOUR | INIT. | INJECTION/TREATMENTS | REASON | RESULT | INIT. |
|---------|-------|-------|----------------------|-----------|----------|-------|
| 3/1/05 | 11250 | 80 | Lexicet 2 Tabs | Chlo pain | ⊕ Effect | 80 |
| 3/1/05 | 11400 | SC | Lexid 650mg | Pain | ⊕ Effect | SC |
| 3/1/05 | 1145 | SC | Lexid 650mg | Pain | ⊕ Effect | SC |
| 3/1/05 | 12005 | SC | Lexicet 2 Tabs | Pain | ⊕ Effect | SC |
| 3-8-05 | 0335 | NS | Lexid 650mg Tabs | Chlo pain | ⊕ Effect | NS |
| 3-8-05 | 0500 | NS | Lexicet 2 Tabs | Chlo pain | ⊕ Effect | NS |
| 3/8/05 | 1455 | 80 | Lexicet 2 Tabs | Chlo pain | ⊕ Effect | 80 |
| 3/8/05 | 1914 | 9 | Lexid 650mg Tabs | Chlo pain | ⊕ Effect | 9 |
| 3/8/05 | 2000 | 9 | Lexid 650mg Tabs | Chlo pain | ⊕ Effect | 9 |
| 3-9-05 | 0500 | 16 | Lexicet 2 Tabs | Chlo pain | ⊕ Effect | 16 |
| 3-9-05 | 1430 | 16 | Lexicet 2 Tabs | Chlo pain | ⊕ Effect | 16 |
| 3-10-05 | 0130 | 16 | Lexicet 2 Tabs | Chlo pain | ⊕ Effect | 16 |
| 3/10/05 | 1500 | 16 | Lexicet 2 Tabs | Chlo pain | ⊕ Effect | 16 |
| 3/10/05 | 1940 | 16 | Lexid 650mg Tabs | Chlo pain | ⊕ Effect | 16 |
| 3-13-05 | 0800 | 15 | Lexid 650mg Tabs | Chlo pain | ⊕ Effect | 15 |
| 3/14/05 | 1330 | 15 | Lexid 650mg Tabs | Chlo pain | ⊕ Effect | 15 |
| 3/14/05 | 1548 | 15 | Lexid 650mg Tabs | Chlo pain | ⊕ Effect | 15 |

MEDICATION AND TREATMENT RECORD

ML 5764 (10/05)

Page 2 of 2

Confidential Client/Parent Information

See IV & I Code 5.29

EXHIBIT 9

0000-5728

Page No. _____

ALL ENTRIES SHALL BE SIGNED WITH FIRST AND LAST NAME AND TITLE

| YEAR | DATE | TIME | PROB. NO. | |
|------|--------|------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2005 | 3/1/05 | 1100 | PC | Pt. came to 40 pain from foot. It seemed to elevate foot & keep ice place for 10 min. Then off 5-10 min. Next pt. due @ 2:00. — <i>Blk. Dr.</i> |
| | 3/1/05 | 2/15 | PC | Pt. requested to spend night in obs room. Pt. placed in obs room & blanket & pillow & shorts. — <i>Blk. Dr.</i> |
| | 3/1/05 | 2055 | PC | Pt. requesting pain benadryl for sleep. MO called for benadryl 50mg po/IM ordered now 1X. RN gave po. — <i>Blk. Dr.</i> |
| | 3/5/05 | 2200 | PC | Received pt in observation room 217. Close & moving. Responsive. Breathing con & unlabored. Verbally strong in front of the door calling to MTA. SRMTA & nurse Gordon 10mg IM given for agitation @ 2235. Up & about. Encouraged to 4 @ foot, cold compress in place. Able to sleep @ short interval @ 0315. Tgore 60mg for P by pain - effective. Vitals signs taken. <i>Blk. Dr.</i> |
| | | | | Tgore 50mg R 20. Next 2 tabs given pain scale of 10. Pt. Dressing in place & intact on his (P) foot. — <i>Blk. Dr.</i> |
| | | | | Will continue to monitor pt. Will be seen by Mexican Doctor today. — <i>Blk. Dr.</i> |
| | 3/1/05 | 1350 | PC | Am shift note! Pt. requested to go back to his cell @ 0930. P seeing MO, pt. verbally contracted for safety & escorted back to his cell & incident. Pt. stated "I'm not suicidal" — <i>Blk. Dr.</i> |

MH 5624 (Rev. 4/99)
Confidential Patient/Client Information
See Welfare & Institutions Code
Section 5328 & 4514

DOH-SVPP
HERRINGER, ANTHONY S
SVPP 111000177-6
03/12/65 WH
CDC K66652 Page No. _____

12/15/03

CORE RECORD

C 00770

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

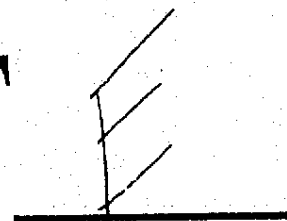
Year: 2002

| Date | Time | Temp. | Pulse | Resp. | B/P | Remarks | Signature and Title |
|----------|------|-------|-------|-------|--------|------------------------------------------------------------------------------|---------------------|
| 12/15/02 | 1700 | 97.9 | 86 | 18 | 89/63 | 8 pain | Janic Perez RD |
| 12/16 | 0500 | 96.0 | 80 | 16 | 137/75 | 4 pain, no discomfort | DeAngelo MW |
| 12/16/02 | 0800 | 97.7 | 85 | 20 | 111/72 | 2 pain | [Signature] |
| 12/16/02 | 1700 | 96.8 | 76 | 20 | 107/20 | 2 pain | DeAngelo MW |
| 12/16/02 | 0820 | 98.0 | 84 | 16 | 102/67 | 0 pain | EDITHSON-By, MTA |
| 12/17 | 1500 | 97.3 | 75 | 20 | 122/85 | 0 | [Signature] |
| 12/18 | 1700 | 96.1 | 92 | 16 | 124/65 | no pain | D. DeAngelo |
| 12/18 | 1100 | 98.1 | 80 | 20 | 123/84 | C/O Lungs, nausea, chest pain, wheezing, 99% O2 sat on RA. | [Signature] |
| 12/18 | 1600 | 96.3 | 81 | 20 | 95/71 | 8 pain Mouth | [Signature] |
| 12/18 | 1930 | 98.8 | 90 | 18 | 117/75 | no pain, 2nd day, 8 pain | DeAngelo MW |
| 12/18 | 0700 | 97.1 | 76 | 20 | 120/70 | At night he is in pain & discomfort after he got taken to his 8th floor apt. | DeAngelo MW |
| 12/18 | 1300 | 96.3 | 82 | 18 | 110/60 | He is in pain & the scale of 0-10 is 8. 2 doses given. | DeAngelo MW |
| 12/18 | 1700 | 98.6 | 75 | 18 | 91/55 | 10% pain taken 65mg 100 mg | [Signature] |
| 12/18 | 1100 | 98.5 | 76 | 20 | 154/55 | 10% pain Roxicet 8 tabs given | [Signature] |
| 12/18 | 0500 | 98.8 | 38 | 20 | 130/80 | P.O. complained of pain Dexi-let 2 tabs given - ending | DeAngelo MW |
| 12/18/02 | 2030 | 98.2 | 74 | 18 | 108/60 | C/O pain from arm and back. Roxicet 10 tabs given. | [Signature] |

VITAL SIGNS RECORD

Confidential Client/Patient Information
See W & I Code Section 5328
 HERRINGER, ANTHONY S
 SVFP 111000177-6
 03/12/05 WH
 CDC K66652
 12/15/02

EXHIBIT



PROB.
NO.

Behavioral note:

1/25/06 2:10

While doing Q 15 mts. rounds in B-wing I/P Berringer called me to his door & was handing me some papers & stated "these papers are for you." I'm suing you for the burn on my foot." I told I/P Berringer that I would not receive any Court paper until I talk to my Supervisor. He then said "call your supervisor right now. I want to talk to her." He got upset & called me stupid. I told I/P Berringer that that was not a reason to call me stupid. I walked away from his door & notified Sr. MTA Dosange - MTA

Subsequent to c/o registration @ 2:25 requested for Patient 75 mg po, and requested for Patient 65 mg po for Hx, checked @ 2:30. Patient appears to be asleep, & further complaints I know of -

1/25/06 2:40 H. went to CTU for MRI & per monitoring Jeff
MRI done

MH 5014 (Rev. 4/97)

Psychiatric Clinical Unit, Jr. 100, 1st fl.

San Joaquin & Lodi County Jail

Section 1000 & 1011

BERRINGER, ANTHONY

SVPP 111000314-5

03/12/05 KH

CDC K66652

10/13/05

Page No.

57

16000

RPT03050
RPT#3.503/07/05
14:19:50
PAGE: 1Monthly Orders For Renewal
State of California-Health and Welfare Agency

Department of Mental Health

NOTE: SEND COPY OF PHYSICIAN'S ORDER TO PHARMACY AFTER EACH ORDER IS SIGNED.

| Date | Time | Problem No. | PHYSICIAN'S ORDERS AND MEDICATION (PHYSICIAN MUST SIGN EACH ORDER) |
|-------|------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | All Orders Good For 45 Days Unless Otherwise Specified. ** PLEASE RENEW THE FOLLOWING ORDERS. |
| 3 / 7 | | 1409 P12 | OXYCODONE HCL (ROXYCODONE) 10 MG TABLET ORAL PO Q4H PRN PAIN CRUSHED **ROXICET OXYCODONE 5MG/ACETAMINOPHEN 325MG** FOR SEVERE PAIN OF BURN NOT RELIEVED BY TYLENOL GIVE 2 TABLETS EVERY 8 HOURS** D/C: 3/10/5 1409 Dr Helmer |
| 3 / 7 | | 1040 P12 | SILVER SULFADIAZINE (SILVADENE 1% CREAM) 1 TX CREAM(GM) TOPICAL TP QD 0800 APPLY A THICK LAYER OVER BLISTERED AREA ONCE A DAY AFTER KENALOG KEEP COVERED WITH LIGHT DRESSING D/C: 3/14/5 1040 Dr Helmer |
| | | P20 | ACETAMINOPHEN 650 MG TABLET ORAL PO Q4H PRN HEADACHE PAIN MAX 4X/24HR |
| | | P20 | ALBUTEROL SULFATE (PROVENTIL HFA 90 MCG INHALER) 2 PUFF AER W/ADAP INHALATION IN Q4H PRN **AS NEEDED FOR ASTHMA ATTACK** |
| | | P20 | Docusate Sodium 250 MG CAPSULE ORAL PO QD 0800 ***DO NOT CRUSH** |
| | | P20 | MAGNESIUM HYDROXIDE (MILK OF MAGNESIA SUSPENSION) 30 ML ORAL SUSP ORAL PO EVERY 48 HRS PRN CONSTIPATION |
| 3 / 7 | | 924 P20 | TRIAMCINOLONE ACETONIDE (KENALOG 0.1% CREAM) 1 TX CREAM(GM) TOPICAL TP QD 0800 APPLY RIGHT LEG COVER WITH LIGHT DRESSING D/C: 3/11/5 924 Dr Helmer |
| | | P20 | VALPROATE SODIUM (DEPAKENE) 1000 MG SYRUP ORAL PO BID 0800 2000 |
| | | 123 | BENZTROPINE MESYLATE 2 MG TABLET ORAL PO BID 0800 2000 CRUSHED **CRUSHED IN LIQUID** |

ALLERGIES:

NO KNOWN ALLERGIES

3/14/05 @ 1510 Mndel
11/1/04 934 24 checked by [signature]Start a New
Form if No
Number Shows.

PHYSICIAN'S ORDERS

CONFIDENTIAL PATIENT INFORMATION
SEE CA W&I CODE 5328

RX: 13950

NBR: 14

BERRINGER, ANTHONY SCOTT

UNIT BEDS

PATIENT #

177-6